

Health Department Town of Lebanon

579 Exeter Road, Lebanon, Connecticut 06249 Phone: 860-642-6028, Fax: 860-642-2022 Email: healthdept@lebanontownhall.org

Temporary Food Service License Application

1)	Event:
	Location:
	Date (s): Time:
	Sponsoring Organization:
2)	Applicant:
	Name of Organization:
	Responsible Person:
	Mailing Address:
	Telephone: Daytime: Evening:
	Fax:Email Address:
3)	List all items on the proposed menu:
4)	What cooking facilities will be available?
5)	How will potentially hazardous foods be maintained at the proper temperature (below 45 degrees and above 140 degrees)? A metal stem thermometer is required to monitor temperatures.
6)	If the event is more than one day, how will the food be stored overnight? (Location and facilities):

7)	prepared in a home kitchen. All preparation must be done on-site or in an approved, inspected kitchen:
8)	If food is to be prepared off-site, list all preparation locations:
	ease answer the following questions for food service offered in temporary outdoor food vice booths:
9)	What hand washing facilities will be available at the food service booth?
10)) What will be used to cover the booth?
11)) What flooring will be used in the booth?
ins lice Co	ou will be issued a license upon approval of your application &, if required, an appection of your booth. You will not be allowed to serve food without first obtaining a sense from the Lebanon Health Dept. Sommercial vendors based outside the Lebanon Health Dept. must submit a current appection report from their local health department at least one week prior to the event.
alr Le the ins	the fee for this application remains at \$10 per day. This applies to all vendors, including ready licensed restaurants. Please return the application along with the fee to the banon Health Dept. a minimum of two (2) weeks before the event. It is necessary for the Health Dept. to be able to schedule inspectors to work at night or on the weekend to spect each of these events. Failure to return the application two (2) weeks prior to the tent may result in the Health Dept. not issuing a license for the event, in which case it may not be held.
If y	you have any questions, please contact the Lebanon Health Dept. at 860-642-6028.
Ap	pplicant Signature: Date:
Pei	rmit #
Fee	e: Date Paid:
Ca	sh Check #